

MDR Tracking Number: M2-03-1348-01
IRO Certificate#5259

July 16, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

The claimant is a 46 year-old female who complains of back pain after being pushed against a wall. The treatment has consisted of medications, physical therapy, and injections. The claimant has escalated her use of narcotics and MRI and CT of the lumbar spine indicated disc desiccation and disc bulge at L4-5. There was no evidence of radiculopathy per EMG. It has been noted there are psychological issues impacting the rehabilitation of the claimant.

REQUESTED SERVICE (S)

Lumbar Discogram with CT Scan

DECISION

Agree with adverse determination of carrier for requested procedure.

RATIONALE/BASIS FOR DECISION

The claimant has obvious degenerative disc pathology associated with a mild disc bulge at L4-5. The electrodiagnostic testing to date has been entirely normal and the complaints of pain are subjective in nature. The imaging studies have clearly identified only one probable level of disc pathology that might be the origin of the current complaints. There has been a gradual increase in subjective complaints of pain and increases in narcotic medications in the absence of any specific cause of the lower extremity weakness and complaints of pain.

The discogram is no longer considered to be a useful test among patients with abnormal psychological findings or marked illness behavior and that the amount of discomfort that many patients have with discographic injection is most closely related to psychological and social issues. (Carragee E et al., Lumbar high intensity zones and discography in subjects without low back complaints, Spine, 2000) The minimal objective findings noted on diagnostic testing to date and the chronic illness behavior would not indicate that this claimant is a surgical candidate based on the medical evidence the requested procedure would not advance or alter the treatment plan of this claimant.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of July 2003.